## **DANCERS WORKSHOP REGISTRATION**

STUDENT:			DATE OF BIRTH:	
AGE IN SEPT: YRS MO	GRADE	IN SEPT	HOME TEL#	
FULL ADDRESS				
EMAIL ADDRESS:				
PRIMARY CONTACT NAME:		CELL #		
PARENT #2 NAME:	· · · · · · · · · · · · · · · · · · ·	CELL #		
EMERGENCY CONTACT (If diffe	erent from above)	: NAME & PHONE	<u>.</u>	
ALLERGIES OR SPECIAL CONC	CERNS:			
	JITION IS NOT D NUMBER IS a fee: check # for July 1 <sup>st</sup> tui d July 1 <sup>st</sup> for pa	FAID UPON REREQUIRED FOR or cash.  ition or cash.  ayment #1 SIGN	CHED WAIVER FORM EGISTRATION A POS R REGISTRATION TO	7Yes No T DATED (July 1 <sup>st</sup> ) DBE COMPLETE. ****
Type of Card: Master Card	<u>CRED</u> Visa	IT CARD AUTHORI Expi	I <u>ZATION</u> ration Date:	
Credit Card Number:				
Name (yours/?) on Credit Card:				,
* * *			ester tuition is due with	registration* * *
CLASS DESCRIPTION	DAY	TIME	HOURS PER CLASS	_ _ _ _ _
		TOTAL CLAS	SS HOURS	_
NO TUITION REFUNDS.		REGISTRA	PAYMENT #1 TION FEE PER CHILD TOTAL DUE	\$
OFFICE USE:	DATE REGISTRAT	ION FORM RECEIVE	ED	